

MSFC FACILITIES ENGINEERING DEPARTMENT
CONSTRUCTION DEFICIENCY REPORT

CONTRACT TITLE:		CDR NUMBER:	PAGE ____ OF ____		
CONTRACTOR:		CONTRACT NUMBER:		IR NUMBER:	DATE:
DRAWING NUMBER:	SPEC NUMBER:	LOCATION:		HOLD TAG NUMBER:	

DESCRIPTION OF DEFICIENCY OR PROBLEM (INCLUDE ACTUAL MEASUREMENTS, SKETCHES, NUMBERS AS REQUIRED):

INITIATOR/TITLE:	SUPERVISOR:
CONTRACTOR'S SUGGESTED SOLUTION:	IS SUSPENSION OF WORK REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE REQUIRED BY: _____	

CONTRACTOR REPRESENTATIVE/DATE:

MSFC ENGINEERING DISPOSITION: DATE REQUIRED BY: _____

☐ AGREE WITH CONTRACTOR SOLUTION ☐ REWORK ☐ REPAIR ☐ REJECT/SCRAP ☐ OTHER

RESPONSIBLE PROJECT ENGINEER/ARCHITECT: _____		DATE: _____	
CONSTRUCTION COMPLETION	DATE	DRAWINGS REDLINED	DATE
SUPERINTENDENT:		SUPERINTENDENT:	
CMI		CMI	
CMI SUPV:		CMI SUPV:	